tubular docking section 22 having a continuous wall 24 between a superior end 26 and an inferior end 28 defining a lumen and is adapted to be expanded from a collapsed condition to an expanded condition. Protruding from the inferior end of the docking section are a left limb 30 and a right limb 32, each having a continuous wall 34, 36 between superior ends 38, 40 and inferior ends 42, 44 respectively, defining lumens and being adapted to be expanded from a collapsed condition to an expanded condition. At a point of connection between the left limb 30 and right limb 40 is a graft bifurcation junction 45. The wall 24 of the docking section 22 is continuously connected with the walls 34, 36 of the left limb and the right limb, to define a bifurcated lumen of the first element 20. The docking section 22 and limbs 34, 36 of the first element 20 may be manufactured from any flexible surgical implantable material such as Dacron™ which is known to be sufficiently biologically inert, non-biodegradable, and durable. One material found to be satisfactory is DeBakey soft woven Dacron™ vascular prosthesis (uncrimped) sold by USCI.

At page 8, replace the paragraph beginning at line 26 and ending on page 9, line 7, with the following paragraph:

The second element 60 includes a tubular segment 61 having a continuous wall 62 between a superior end 64 and an inferior end 66 defining a lumen adapted to be expandable from a collapsed condition to an expanded condition, and may be made from the same flexible bio-compatible material as the docking section 22 and limbs 30, 32 of the first element 20. A fourth support structure 68 may be connected to the superior end 64 and a fifth support structure 70 may be connected to the inferior end 66 of the tubular segment 61. In alternative embodiments,

additional support structures may be added, as required, in the space between the fourth 68 and fifth 70 support structures, as may be required. For example, a sixth support structure 71 is shown attached to the inner lumen of the tubular segment 61 adjacent to its superior end 64.

At page 12, replace the paragraph beginning at line 1 and ending on page 13, line 2, with the following paragraph:

After deployment of the first element 20, the second element 60 is loaded into a delivery capsule (not shown) in compressed condition, and is passed over the first guide-wire 51 until it extends into the aorta 12, whereupon it is released from the delivery capsule to assume its expanded condition. As exemplified in FIG. 6, the second element 60 in its expanded condition is positioned so that the wall 62 of the tubular segment 61 is compressed at its superior end 64 into contact with the aortic wall 12. The fourth support system 68 anchors the tubular segment 61 against migration, and may contribute to a seal being formed between the tubular segment 61 and the aortic wall 12. Preferably, a sixth support structure 71 may be attached to the lumen of the tubular section at its superior end 64 to enhance the seal. In another embodiment of the second element 20, previously described and exemplified in FIG. 7, the fourth support structure 68 is positioned substantially within the lumen of the tubular segment 61, allowing the fourth support structure 68 to play a more significant role in forming a seal between the tubular segment 61 and the aortic wall 12. If hooks 52 are attached to the fourth support structure 68, they may be configured to protrude over the superior end 64 of the tubular segment 61 to engage with the aorta 12, or they may be adapted to protrude through the wall of the tubular segment 61. In either embodiment, the inferior end 66 of the tubular segment 61 is compressed into contact with